

Exhibit "A"

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EXHIBIT A

State of California

Department of Corrections and Rehabilitation

INMATE / PAROLEE APPEAL SCREENING FORM

CDCR-695

INMATE: Hollis

CDC #: E37508

CDC HOUSING: D8-22D

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Requested Action Already Taken

Duplicate Appeal; Same Issue

4/21/07

Appealing Action Not Yet Taken

5-1-07

Incomplete Appeal – Documents Not Attached

Time Constraints Not Met

Rejected

Cannot Submit On Behalf Of another Inmate

Q dep-

Appeal Process Abuse – Inappropriate Statement

No Significant Adverse Effect Demonstrated

Action / Decision Not Taken By CDCR

Action Sought Is Under Sentencing Court Jurisdiction

Submit Issue to Assigned Parole Office

Appeal Matter to VCGCB

DRB Decisions Are Not Appealable

Request for Interview; Not an Appeal

More than one issue –one issue per appeal

Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health

Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call.

PLEASE ATTACH AS NOTED BELOW:

CDC 115/Hearing Officer's Results

CDC 115 with IE/DA information

Supplemental Reports to CDC 115

CDC 1030 Confidential Disclosure

CDC 114D Lockup Order

CDC 128G ICC/UCC

CDC 128G CSR Endorsement Chrono

CDC 839/840 Class/Reclass Score Sheet

CDC 7219 Medical Report

Other: SEE COMMENTS BELOW

CDC 128C Medical Chrono

CDC 1819 Denied Publications

CDC 128 A

CDC 128 B

CDC 143 Property Transfer Receipt

Cell Search Slip

Receipts

Qtr. Pkg. Inventory Slip

Trust Account Statement

Property Inventory Receipt

Comments: You may write on back of this form to clarify or respond to the above.

Your appeal issue was reviewed by the SVSP Hiring Authority per AB 05/03. This issue is rejected as duplicate of your original appeal issue. *Also, (it is not considered) Staff

misconduct when staff are performing their assigned duties within the scope of their assignment

T. Variz, Correctional Counselor-II

Appeals Coordinator

Salinas Valley State Prison

Date: 4-11-07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

(C)

STATE OF CALIFORNIA

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

DEPARTMENT OF CORRECTIONS

Category

1. DVSP d

1. 07-0145

?

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MARYVIN HOLLIS	E-37508	*ACI-SPG*	D-8-220

A. Describe Problem: This complaint is filed against SALINAS VALLEY STATE PRISON APPEALS COORDINATOR ELOY MEDINA, FOR RETALIATION AND REPRISAL FOR MY PRIOR USE OF THE (CDC 3(R) 602 APPEALS PROCESS AND BEING A JAILHOUSE LAWYER. ON 3-26-07 E. medina, refused to assign [REDACTED] my timely disciplinary appeal in retaliation for my prior use of the (CDC 3(R) 602 appeal process and being a JAILHOUSE LAWYER. THIS RETALIATION AND HARASSMENT INFRINGED MY 1ST AMENDMENT CONSTITUTIONAL RIGHT AND HAD A CHILLING EFFECT.

If you need more space, attach one additional sheet.

* (See Attachment) *

B. Action Requested: TO BE ALLOWED TO EXHAUST MY ADMINISTRATIVE REMEDIES WITHOUT INAPPROPRIATE INTERFERENCE. THAT ALL RETALIATORY ACTIONS AND HARASSMENT BY APPEALS OFFICE STAFF TO CEASE. FOR AN APOLOGY FROM E. medina, FOR NOT ASSIGNING MY TIMELY DISCIPLINARY APPEAL.

Inmate/Parolee Signature: MARYVIN HOLLIS

RECD MAR 30 2007

Date Submitted: 3-29-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

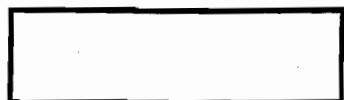
Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1E, Inmate Claim



RECEIVED APR 19 2007

First Level Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 4/2/07 Due Date: 5/1/07

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

**DELIVERED APR 17 2007
DELIVERED MAY 15 2007 DELIVERED APR 30 2007**

Signature: _____ Date Submitted: _____

Second Level Granted P. Granted Denied Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94289-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other _____

See Attached Letter

Date: _____

RECEIVED APR 19 2007

/007 T A 1001 R 1001 C 1001

(continued from section (A))

The adverse result of this retaliation was that I was denied my right to freedom of speech, expression, and to petition the government to seek redress of grievances. I also suffered excessive segregation as a result of E. medina, refusing to assign my timely appeal for investigation and response. The retaliation and harassment did not serve a legitimate penological interest or institutional goals. I have been subjected to an antypical significant hardship as a result of E. medina, retaliation and harassment against me refusing to assign my timely disciplinary appeal for appropriate action. PER CCR. 3004(c) in part, inmates have the right to be treated fairly and impartially by all employees. PER Title 15. division 3, inmates are allowed to appeal any action within 15 days that they can demonstrate as having an adverse effect upon their welfare.

"Request"

4-30-07

TO: APPEALS COORDINATOR

FROM: HOLLIS E-37508 D-8-22D

RE: CHALLENGE TO SCREENING FORM

IS MY APPEAL CANCELLED OR REJECTED;
I REQUEST TO KNOW HOW CAN I EXHAUST MY
ADMINISTRATIVE REMEDY ON THE ISSUE RAISED
IN MY APPEAL? I HAVE NOT SUBMITTED NO
OTHER APPEAL REGARDING CCII MEDINA,
RETALIATORY ACTIONS ON 3-26-07.

RECEIVED MAY 01 2007

"Request"

4-17-07

D: APPEALS COORDINATOR

ROM: HOLLIS, E-37508 D-8-220

E: challenge to screening form dated 4-11-07

THE SCREENING FORM IS INACCURATE. THIS APPEAL IS NOT A DUPLICATE APPEAL TO AND APPEAL OR FILE AT ISVSP AGAINST ELOY MEDINA. THIS APPEAL WAS SUBMITTED AS A REGULAR APPEAL RAISING THE ISSUE OF RETALIATION. THE APPEAL IS TIMELY AND WAS GIVEN A LOG# AND DUE DATE FOR RESPONSE. CAN I PLEASE EXHAUST MY ADMINISTRATIVE REMEDY TO THE ISSUE RAISED IN APPEAL OR IS MY APPEAL CANCELLED OR REJECTED? THE APPEAL OFFICE STAFF IS NOT IMMUNE FROM THE APPEAL PROCESS, THUS WITHOUT A INVESTIGATION OR FAIR REVIEW OF THE APPEAL CCII VARIZ, CONCLUSION ON THE SCREENING FORM WAS NOT FAIR AND IMPARTIAL. I WAS INFORMED NUMEROUS TIMES BY VARIOUS ADMINISTRATIVE STAFF AS WELL AS T. VARIZ, TO USE THE INMATE APPEAL PROCESS. IF STAFF WAS PERFORMING THEIR DUTIES WITHIN THE SCOPE OF THEIR ASSIGNMENT CORRECTLY AND FAIRLY THEN THE FEDERAL COURTS WOULD NOT HAVE TAKING CONTROL OF MOST OF (CDCR). ELOY